

# South Africa - U.S. Military Cooperation on HIV/AIDS



A Unique Partnership Focused on  
Prevention, Research, Treatment  
and Care



# Masibambisani

## Program Elements that Involve Partnership

- ✦ Targeted Prevention and Stigma Reduction Programs – to reduce HIV incidence through awareness and behavior change (funding from PEPFAR after 2004)
- ✦ “PHIDISA” – to enhance SAMHS clinical research capacity and provide evidence-based data to enhance military and civilian clinical care
- ✦ “PEPFAR” – to extend lives through the provision of HIV/AIDS treatment and care to improve force preparedness



# Challenges Addressed in Programs

- ✱ High Incidence and Prevalence of HIV over 20%
- ✱ Skilled, younger personnel more affected
- ✱ Families also affected, discordant couples, multiple partners and deployment behaviors
- ✱ VCT available but stigma reduces use
- ✱ Up to 60% of hospital admissions due to HIV and/or TB
- ✱ Stigma is common limiting factor for prevention, treatment and care

# Prevention Cooperation

- ✱ *Masibambisane* “Beyond Awareness” Campaign
- ✱ DHAP funding 1999-2003 (\$5-800K/yr.); PEPFAR funding in 04-06 (\$8-1.2K/yr.)
- ✱ Reached 10,000 members with training; 72,500 with messages
- ✱ Established Regional Center for Health Training



# Prevention Cooperation 2

- ☀ Focus on:

- ☀ Communications/Health Education/Behavior Change
- ☀ Training/Capacity Development
- ☀ Discrimination and Victimization
- ☀ Gender Issues/Rights
- ☀ Spiritual/Ethical focus with Chaplains
- ☀ Stigma Reduction



# Research Cooperation

- ✱ *Project Phidisa* – “Make Better Prolong Lives”
- ✱ HHS/NIH funding: \$45M over five years with ~\$100K/yr. from DOD and major SAMHS investment (started in 2003-4)
- ✱ 2 protocols/five sites/DMCOC
- ✱ 1000+ enrolled, 400 randomized since 01/04
- ✱ Extensive training and U.S. engagement
- ✱ HJF and other private organizations involved as partners



# Treatment and Care Cooperation

- ✦ Built on *Masibambisane/Phidisa* Program and Capacity with additional training
- ✦ PEPFAR funding of \$2.3M in 04 and 05 (\$3.4M proposed for 06)
- ✦ 75+ currently receiving ARV therapy, including pediatric patients
- ✦ PLWHA support structures established
- ✦ Strengthened OI care (including TB)
- ✦ Palliative care program established





# Global PEPFAR Goals: 2-7-10

- ✱ Treating 2 million HIV+ people by 2008
  - ✱ **55% of funding (75% ARV)**
- ✱ Preventing 7 million new infections
  - ✱ **20% of funding (33% AB in youth)**
- ✱ Caring for 10 million HIV infected and affected individuals by 2008 (including orphans and vulnerable children)
  - ✱ **25% of funding (15% for palliative care)**





# Guiding Principles

- ✦ All programs address goals of SAG Comprehensive Plan and Strategy
- ✦ Focus on 2-7-10 goals
- ✦ Collaboration and Coordination – with host, other “donors”, and multilaterals
- ✦ Integration of USG programs
- ✦ Sustainability and Capacity Building
- ✦ Accountability and Uniform Indicators
- ✦ Evidence-based programming



# PEPFAR Implementation in RSA

- ✱ Cooperation with Government, NGOs, Private Sector, Donors, Grantees
- ✱ Ambassador's Leadership
- ✱ Interagency Cooperation and Coordination
- ✱ Mission and SAG shared leadership and Involvement with Partners
- ✱ 3 Program Development Strategies
  - ✱ Centrally awarded in targeted areas
  - ✱ Program expansions/ Government
  - ✱ New partnerships/ Government

# Future Directions/Needs

- ✱ Continue active SANDF, USDOD and NIH engagement
- ✱ Expand and strengthen *Masibambisane*
  - ✱ Address behavioral change needs including alcohol use
- ✱ Expand and consolidate *Phidisa*
  - ✱ Maintain high standards
  - ✱ Consolidate staffing and facilities
- ✱ Successfully implement *PEPFAR treatment and care* program
- ✱ Develop Regional Training Center potential
- ✱ Assure inclusion in Bilateral Health Committee discussions

# Thank You

